

West Virginia Health Care Authority
Statement of Grant Receipts and Expenditures

FINAL REPORT

The Grantee shall submit the Statement of Grant Receipts and Expenditures within two years after the end of the fiscal year in which the Grantors disbursed the State grant funds to the Grantee. If the Grantee's fiscal year end is different from the State's fiscal year end (June 30), the Grantee shall file the report within two years after the end of its fiscal year following the State fiscal year in which the funds were disbursed.

Please forward the original report to the Health Care Authority, Legal Department, 100 Dee Drive, Charleston, West Virginia 25311.

1. Name: _____
Address: _____
Telephone Number: _____
2. Grant Agreement Date: _____
FEIN: _____
3. Short Project Description: _____

Period Covered: _____
Total amount of the award: _____
Funds received under the grant if different: _____
4. Please provide a short narrative of the outcome of the project. Discuss major accomplishments and successes of the project, the impact upon rural health care in West Virginia, problems and barriers to implementation encountered.

EXHIBIT B

Goal/Objective:

List each goal/objective as stated in your Work Plan attached to your Grant Agreement that was funded through Grant funds and which was completed.

Status:

Indicate status of your project objective as follows:

1=Complete; 2=Not Complete; 3=Ongoing

Update:

If the status of your objective is Complete, this section should include the date of completion and brief summary of any outcomes or problems encountered. If the status of your objective is Not Complete please state the reason. If the status is Ongoing, provide a brief narrative that would include activities completed and current activities as well as projected time frame for completion.

Budget Allocation:

List the amount as stated in the Grant Agreement for each objective.

Amount Expended:

List the actual amount expended for each objective. Please attach written documentation (i.e., invoices, receipts, etc.) for all expenses for professional services (i.e., health care consultants, computer, data or other consultants, accountants, lawyers) showing a breakdown, including the following: hourly rates for the professional, time allotted by professional for each task and a summary of work or services performed. Please attach written documentation (i.e., invoices, receipts, etc.) for all budget items for travel, seminars, meetings or conferences with a description of the program to be attended or sponsored, including the date and location and detailed summary of the travel expenditures (i.e., mileage, travel expenses, food, lodging, etc.). Receipts should be maintained for all budget items to provide verifiable and quantifiable support (e.g., written invoices, invoices of services provided by professionals, summary of travel expenses with receipts with receipts) for all budget expenditures.

EXHIBIT B

GOAL/OBJECTIVE	STATUS	UPDATE	BUDGET ALLOCATION (Including matching funds)	AMOUNT EXPENDED

Total	Total
\$	\$

Remaining Balance, if applicable: _____

This Final Report was compiled by and prepared by:**Name:** _____**Title:** _____**Date:** _____

Upon expenditure of all grant funds, please review the terms of the Grant Agreement that you entered into and certify that you have properly disbursed and/or paid out the grant funds in accordance with the terms and provisions of the Grant Agreement. Please have an officer of the corporation complete the attached Certification of Expenditure of Grant Funds (Exhibit B-1).

CERTIFICATION OF EXPENDITURE OF GRANT FUNDS

"This is to certify that I have reviewed the Statement of Grant Receipts and Expenditures submitted herewith and, to the best of my knowledge and belief, said statement represents all financial activities related to the receipt, use and expenditure of funds to _____ and that the expenditures reported were for the purposes intended and in compliance with applicable laws, regulations and the terms and conditions of the grant documents. The Statement of Grant Receipts and Expenditures is presented of the [Accrual/Cash] basis of accounting and is supported by our financial records and related documentation."

Corporation

By: _____

Its: _____

State of West Virginia
County of _____, to wit:

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, the _____ of _____ a _____ corporation, on behalf of the corporation.

My commission expires_____.

Notary Public

[Notary Seal]